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JAN 12 2005

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GlaxoSmithKline

To Art Unit 1626, Examiner Coppins  
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Company USPTO  
.....  
Fax 703-872-9306  
.....  
From Valerie L. Phillips  
.....  
Tel 919-483-8223 Fax 919-483-5730  
.....  
E-mail [Vlp47157@gsk.com](mailto:Vlp47157@gsk.com)  
.....  
Date January 12, 2005 Pages including cover  
.....  
Subject Response to Office Action & Amendment  
Transmittal Letter  
.....

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Serial No.: 10/775,709  
Date: February 10, 2004  
Applicant: Orlandi et al.  
Title: Heterocyclic Derivatives

Attached:  
Amendment Transmittal Letter (2)  
Response to Office Action  
Certificate of Transmission By Facsimile

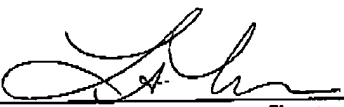
Thank you,  
Valerie Phillips

I hereby certify that this Response to Office Action is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306) on January 12, 2005.


  
Valerie L. Phillips

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>PI3846US2</b>		
Applicant(s): <b>Orlandi et al.</b>					
Serial No. <b>10/775,709</b>	Filing Date <b>February 10, 2004</b>	Examiner <b>J. Coppins</b>	Group Art Unit <b>1626</b>		
Invention: <b>Heterocyclic Derivatives</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>				<b>RECEIVED CENTRAL FAX CENTER JAN 12 2005</b>	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
<b>TOTAL CLAIMS</b>	4	20	0	x \$18.00	\$0.00
<b>INDEP. CLAIMS</b>	2	3	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1392 <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <i>12 Jan 05</i>		
Lorie Ann Morgan, Reg. No. 38,181			<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         Signature of Person Mailing Correspondence       </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         Typed or Printed Name of Person Mailing Correspondence       </div>		
CC:					

P11LARGE/REV08

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): Orlandi et al.				PI3846US2	
Serial No. 10/775,709	Filing Date February 10, 2004	Examiner J. Coppins	Group Art Unit 1626		
Invention: Heterocyclic Derivatives					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ In the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1392</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
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cc:					

P11/LARGE/REV08

PI3846US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

A. Orlandi, et al.

Serial No.: 10/775,709

Filing Date: 10 Feb 2004

For: HETEROCYCLIC DERIVATIVES

Examiner: J. Coppins

Art Unit: 1626

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JAN 12 2005

Director of the United States Patent and Trademark Office  
P.O. box 1450  
Alexandria VA 22313-1450

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RESPONSE

Sir:

Please reconsider the instant application in view of the following remarks.